

Anaphylaxis Policy

PURPOSE

To explain to Skene Street Specialist School parents, carers, staff and students the processes and procedures in place to support students diagnosed as being at risk of suffering from anaphylaxis. This policy also ensures that Skene Street Specialist School is compliant with Ministerial Order 706 and the Department's guidelines for anaphylaxis management.

SCOPE

This policy applies to:

1. all staff, including casual relief staff and volunteers
2. all students who have been diagnosed with anaphylaxis, or who may require emergency treatment for an anaphylactic reaction, and their parents and carers.

POLICY

School Statement

Skene Street Specialist School will fully comply with Ministerial Order 706 and the associated guidelines published by the Department of Education and Training.

Anaphylaxis

Anaphylaxis is a severe allergic reaction that occurs after exposure to an allergen. The most common allergens for school-aged children are nuts, eggs, cow's milk, fish, shellfish, wheat, soy, sesame, latex, certain insect stings and medication.

Symptoms

Signs and symptoms of a mild to moderate allergic reaction can include:

- swelling of the lips, face and eyes
- hives or welts
- tingling in the mouth.

Signs and symptoms of anaphylaxis, a severe allergic reaction, can include:

- difficult/noisy breathing
 - swelling of tongue
 - difficulty talking and/or hoarse voice
 - wheeze or persistent cough
 - persistent dizziness or collapse
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- student appears pale or floppy
- abdominal pain and/or vomiting.

Symptoms usually develop within ten minutes and up to two hours after exposure to an allergen, but can appear within a few minutes.

Treatment

Adrenaline given as an injection into the muscle of the outer mid-thigh is the first aid treatment for anaphylaxis.

Individuals diagnosed as being at risk of anaphylaxis are prescribed an adrenaline autoinjector for use in an emergency. These adrenaline autoinjectors are designed so that anyone can use them in an emergency.

Individual Anaphylaxis Management Plans

All students at Skene Street Specialist School who are diagnosed by a medical practitioner as being at risk of suffering from an anaphylactic reaction must have an Individual Anaphylaxis Management Plan. When notified of an anaphylaxis diagnosis, the Principal of Skene Street Specialist School is responsible for developing a plan in consultation with the student's parents/carers.

Where necessary, an Individual Anaphylaxis Management Plan will be in place as soon as practicable after a student enrolls at Skene Street Specialist School and where possible, before the student's first day.

Parents and carers must:

- obtain an ASCIA Action Plan for Anaphylaxis from the student's medical practitioner and provide a copy to the school as soon as practicable
- immediately inform the school in writing if there is a relevant change in the student's medical condition and obtain an updated ASCIA Action Plan for Anaphylaxis
- provide an up-to-date photo of the student for the ASCIA Action Plan for Anaphylaxis when that Plan is provided to the school and each time it is reviewed
- provide the school with a current adrenaline autoinjector for the student that has not expired;
- participate in annual reviews of the student's Plan.

Each student's Individual Anaphylaxis Management Plan must include:

- information about the student's medical condition that relates to allergies and the potential for anaphylactic reaction, including the type of allergies the student has
 - information about the signs or symptoms the student might exhibit in the event of an allergic reaction based on a written diagnosis from a medical practitioner
 - strategies to minimise the risk of exposure to known allergens while the student is under the care or supervision of school staff, including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the school
 - the name of the person(s) responsible for implementing the risk minimisation strategies, which have been identified in the Plan
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- information about where the student's medication will be stored
- the student's emergency contact details
- an up-to-date ASCIA Action Plan for Anaphylaxis completed by the student's medical practitioner.

Review and updates to Individual Anaphylaxis Management Plans

A student's Individual Anaphylaxis Management Plan will be reviewed and updated on an annual basis in consultation with the student's parents/carers. The plan will also be reviewed and, where necessary, updated in the following circumstances:

- as soon as practicable after the student has an anaphylactic reaction at school
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes
- when the student is participating in an off-site activity, including camps and excursions, or at special events including fetes and concerts.

Our school may also consider updating a student's Individual Anaphylaxis Management Plan if there is an identified and significant increase in the student's potential risk of exposure to allergens at school.

Location of plans and adrenaline autoinjectors and Prevention Strategies and Risk Minimisation:

The key to prevention of anaphylaxis is the identification of allergens and prevention of exposure to them. The school can employ a range of practical prevention strategies to minimise exposure to known allergens. The table below provides examples of risk minimisation strategies and location of plans.

Setting	Considerations
School	<ul style="list-style-type: none"> • A copy of the child's management plan will be clearly displayed and accessible in the staff room. • Medications including EpiPen, will be correctly stored in a safe and accessible place, known to all staff (this will differ with each student) • The school community will be made aware of the school's anaphylaxis policy through newsletter articles, the schools internet site and parent information events.
Classroom	<ul style="list-style-type: none"> • Display a copy of the students ASCIA Action Plan in the classroom in consultation with parent/guardian and student. • Liaise with parents/guardians about food related activities ahead of time. • Use non-food treats where possible. If food treats are used in class, it is recommended that parents/guardians provide a box of safe treats for the student at risk of anaphylaxis. Treat boxes should be clearly labelled. Treats for the other students in the class should be consistent with the school's allergen minimisation strategies • Be aware of the possibility of hidden allergens in cooking, food technology, science and art classes (e.g. egg or milk cartons). • Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food. • Casual/relief teachers should be provided with a copy of the student's ASCIA Action Plan (white folders)

<p>Yard</p>	<ul style="list-style-type: none"> • The student with anaphylactic responses to insects should wear shoes at all times. • Keep outdoor bins covered. • The student should keep open drinks (e.g. drinks in cans) covered while outdoors. • The adrenaline auto injector should be easily accessible from the yard. • Yard duty teacher carry a mobile phone at all times. • Communication strategy for the yard involves: <ul style="list-style-type: none"> Yard duty person -identifying the incident -staying with the patient -sending two students to the front office to report the anaphylactic incident -call 000 Office staff -attend the incident assist as required -contact family
<p>On-site events (e.g. sporting events, in school activities, class parties)</p>	<ul style="list-style-type: none"> • Parents/guardians of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis as well as being informed of the school's allergen minimisation strategies (see Step 4 of 'allergy awareness' in schools). • Staff must know where the adrenaline auto injector is located and how to access if it required. • Staff should avoid using food in activities or games, including rewards.
<p>Off-site school settings – excursions</p>	<ul style="list-style-type: none"> • The student's adrenaline auto injector, ASCIA Action Plan and means of contacting emergency assistance must be taken on all field trips/excursions. • One or more staff members who have been trained in the recognition of anaphylaxis and the administration of the adrenaline auto injector should accompany the student on field trips or excursions. All staff present during the field trip or excursion needs to be aware if there is a student at risk of anaphylaxis. • Staff should develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction. • The school should consult parents/guardians in advance to discuss issues that may arise, to develop an alternative food menu or request the parent/guardian to send a meal (if required). • Consider the potential exposure to allergens in any chemical or substance that is not usually used day-to-day. These may include washing detergents, hand-washes, air fresheners, etc. • Parents/guardians may wish to accompany their child on excursions. This should be discussed with parents/guardians as another strategy for supporting the student. • Consider the potential exposure to allergens when consuming food on buses.

Adrenaline autoinjectors for general use

Skene Street Specialist School will maintain a supply of adrenaline autoinjector(s) for general use, as a back-up to those provided by parents and carers for specific students, and also for students who may suffer from a first-time reaction at school.

Adrenaline autoinjectors for general use will be stored at in the metal first aid box in the staffroom and labelled "general use".

The Principal is responsible for arranging the purchase of adrenaline autoinjectors for general use, and will consider:

- the number of students enrolled at Skene Street Specialist School at risk of anaphylaxis
- the accessibility of adrenaline autoinjectors supplied by parents
- the availability of a sufficient supply of autoinjectors for general use in different locations at the school, as well as at camps, excursions and events
- the limited life span of adrenaline autoinjectors, and the need for general use adrenaline autoinjectors to be replaced when used or prior to expiry
- the weight of the students at risk of anaphylaxis to determine the correct dosage of adrenaline autoinjector/s to purchase.

Emergency Response

In the event of an anaphylactic reaction, the emergency response procedures in this policy must be followed, together with the school's general first aid procedures, emergency response procedures and the student's Individual Anaphylaxis Management Plan.

A complete and up-to-date list of students identified as being at risk of anaphylaxis is maintained by 2 trained staff and stored at every class room, notice board in staff room, profile books on bus and identified medical alert on Cases21.

For camps, excursions and special events, a designated staff member will be responsible for maintaining a list of students at risk of anaphylaxis attending the special event, together with their Individual Anaphylaxis Management Plans and adrenaline autoinjectors, where appropriate.

If a student experiences an anaphylactic reaction at school or during a school activity, school staff must:

Step	Action
1.	<ul style="list-style-type: none">• Lay the person flat• Do not allow them to stand or walk• If breathing is difficult, allow them to sit• Be calm and reassuring• Do not leave them alone• Seek assistance from another staff member or reliable student to locate the student's adrenaline autoinjector or the school's general use autoinjector, and the student's Individual Anaphylaxis Management Plan, stored in every

	<p>classroom, staff room notice board, bus profile book</p> <ul style="list-style-type: none"> • If the student's plan is not immediately available, or they appear to be experiencing a first time reaction, follow steps 2 to 5
2.	<p>Administer an EpiPen or EpiPen Jr</p> <ul style="list-style-type: none"> • Remove from plastic container • Form a fist around the EpiPen and pull off the blue safety release (cap) • Place orange end against the student's outer mid-thigh (with or without clothing) • Push down hard until a click is heard or felt and hold in place for 3 seconds • Remove EpiPen • Note the time the EpiPen is administered • Retain the used EpiPen to be handed to ambulance paramedics along with the time of administration <p>OR</p> <p>Administer an Anapen[®] 500, Anapen[®] 300, or Anapen[®] Jr.</p> <ul style="list-style-type: none"> • Pull off the black needle shield • Pull off grey safety cap (from the red button) • Place needle end firmly against the student's outer mid-thigh at 90 degrees (with or without clothing) • Press red button so it clicks and hold for 10 seconds • Remove Anapen[®] • Note the time the Anapen is administered • Retain the used Anapen to be handed to ambulance paramedics along with the time of administration
3.	Call an ambulance (000)
4.	If there is no improvement or severe symptoms progress (as described in the ASCIA Action Plan for Anaphylaxis), further adrenaline doses may be administered every five minutes, if other adrenaline autoinjectors are available.
5.	Contact the student's emergency contacts.

If a student appears to be having a severe allergic reaction but has not been previously diagnosed with an allergy or being at risk of anaphylaxis, school staff should follow steps 2 – 5 as above.

Schools can use either the EpiPen[®] **and Anapen[®] on any student** suspected to be experiencing an anaphylactic reaction, regardless of the device prescribed in their ASCIA Action Plan.

Where possible, schools should consider using the correct dose of adrenaline autoinjector depending on the weight of the student. However, in an emergency if there is no other option available, any device should be administered to the student.

Communication Plan

This policy will be available on Skene Street Specialist School's website so that parents and other members of the school community can easily access information about Skene Street Specialist School's anaphylaxis management procedures. The parents and carers of students who are enrolled at Skene Street Specialist School and are identified as being at risk of anaphylaxis will also be provided with a copy of this policy.

The Principal is responsible for ensuring that all relevant staff, including casual relief staff and volunteers are aware of this policy and Skene Street Specialist School's procedures for anaphylaxis management. Casual relief staff and volunteers who are responsible for the care and/or supervision of students who are identified as being at risk of anaphylaxis will also receive a verbal briefing on this policy, their role in responding to an anaphylactic reaction and where required, the identity of students at risk.

The Principal is also responsible for ensuring relevant staff are trained and briefed in anaphylaxis management, consistent with the Department's [Anaphylaxis Guidelines](#).

Staff training

The Principal will ensure that the following school staff are appropriately trained in anaphylaxis management:

- School staff who conduct classes attended by students who are at risk of anaphylaxis
- The following School Staff will be appropriately trained:
- School Staff who conduct classes with students with a medical condition that relates to allergy and the potential for anaphylactic reaction; and
- Any further School Staff that are determined by the Principal.

The identified School Staff are required to undertake training and must have completed:

- an approved face-to-face anaphylaxis management training course in the last three years, or
- an approved online anaphylaxis management training course in the last two years.

Skene Street Specialist School uses the following training course

[ASCIA Anaphylaxis e-training for Victorian Schools.html](#)

Staff are also required to attend a briefing on anaphylaxis management and this policy at least twice per year (with the first briefing to be held at the beginning of the school year), facilitated by a staff member who has successfully completed an anaphylaxis management course within the last 2 years including Principal Sandi Slocombe. Each briefing will address:

- this policy
 - the causes, symptoms and treatment of anaphylaxis
 - the identities of students with a medical condition that relates to allergies and the potential for anaphylactic reaction, and where their medication is located
 - how to use an adrenaline autoinjector, including hands on practice with a trainer adrenaline autoinjector
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- the school’s general first aid and emergency response procedures
- the location of, and access to, adrenaline autoinjectors that have been provided by parents or purchased by the school for general use.

When a new student enrolls at Skene Street Specialist School who is at risk of anaphylaxis, the Principal will develop an interim plan in consultation with the student’s parents and ensure that appropriate staff are trained and briefed as soon as possible.

A record of staff training courses and briefings will be maintained on OHS documentation.

The Principal will ensure that while students at risk of anaphylaxis are under the care or supervision of the school outside of normal class activities, including in the school yard, at camps and excursions, or at special event days, there is a sufficient number of school staff present who have been trained in anaphylaxis management.

FURTHER INFORMATION AND RESOURCES

- The Department’s Policy and Advisory Library (PAL):
 - [Anaphylaxis](#)
- [Allergy & Anaphylaxis Australia](#)
- ASCIA Guidelines: [Schooling and childcare](#)
- Royal Children’s Hospital: [Allergy and immunology](#)

POLICY REVIEW AND APPROVAL

Policy last reviewed	May 2022
Approved by	Principal
Next scheduled review date	May 2023

The Principal will complete the Department’s Annual Risk Management Checklist for anaphylaxis management to assist with the evaluation and review of this policy and the support provided to students at risk of anaphylaxis.
